



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
500 James Robertson Pkwy, 3rd Floor
Nashville, TN 37243-0577

APPLICATION FOR FIRE AND BUILDING CODE INSPECTOR CERTIFICATION

Applicant Name: _____ SS#: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: () _____

Employer Name: _____ Position: _____

Address: _____ City: _____

State: _____ Zip: _____ Work Phone #: () _____ Fax #: () _____

Type of Certification Requested: (Please Check Only One)

_____ Fire Code Inspector _____ Building Code Inspector _____ Both Fire & Building
(Requires evidence of Certification in both areas)

I have _____ have not _____ been previously certified by the State of Tennessee as a Fire and/or Building Code Inspector. If yes, indicate type of previous certification: Building: _____ Fire: _____ Certification Number(s): _____ / _____
Date(s) of certification(s): _____ / _____ / _____

I am hereby requesting State Certification pursuant to Rules 0780-2-16, by providing evidence of one or more of the following: (List certification type: Fire or Building and Issue Date(s) for each certification claimed. List expiration date(s) for those that expire.)

_____ Current certification by the International Code Council (ICC)
Certification #: _____ Date of Issue: _____ / _____ / _____

_____ Current certification by the National Fire Protection Association (NFPA)
Certification # _____ Date of Issue _____ / _____ / _____

_____ Current certification by the Council of American Building Officials (CABO)
Certification # _____ Date of Issue _____ / _____ / _____

_____ Current certification by other nationally recognized fire and/or building code organization. Provide details on the organization and specifically, their certification program. **Attach supporting data.**

_____ Successful completion of an equivalent exam approved and administered by the State Fire Marshal's Office.

_____ Meets requirements of TCA 68-120-113. (Must provide proof of age, length of employment, resolution by the governing body of the employing municipality or county and any other evidence required by amendment.) **Attach supporting data.**

NOTE: Evidence of certification claimed must be submitted with this application. See application instructions for acceptable forms of evidence and address for submission of application. I have enclosed \$45.00 per certification requested, for a total of \$ _____. Please make checks payable to the Tennessee Department of Commerce and Insurance. I certify that the above statements are true to the best of my knowledge.

Signature

Date